Illinois Department of Public Aid

no. M-200-03-01

ILLINOIS MEDICAL ASSISTANCE PROGRAM
PROVIDER BULLETIN

3/31/03

TO: Participating Durable Medical Equipment and Supply Providers

RE: Handbook for Medical Equipment and Supplies March 2003 Update

The purpose of this bulletin is to provide updated pages for the Handbook for Medical Equipment and Supplies. The handbook updates contain new language regarding:

- Prescriptions from terminated Medicaid providers;
- Equipment rental limitations;
- Oxygen supplies and equipment;
- Wheelchair purchase and replacement, and;
- Enteral therapy prior approval requirements

Effective with the date of this bulletin, prior approval requests for enteral therapy will no longer be accepted via telephone. Requests will be accepted via fax or mail only. The DME prior approval fax number is (217) 524-0099. The DME mailing address is:

Illinois Department of Public Aid
P.O. Box 19124
Springfield, IL 62794-9124
Attn: DME Prior Approval Unit

Replacement pages for the Handbook for Medical Equipment and Supplies are available on the Department's website at < http://www.state.il.us/dpa/medical_programs.htm >. If you do not have access to the Internet, or need a paper copy, printed copies are available upon written request. You need to specify a physical street address to ensure delivery. Submit your written request or fax to:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114
Fax Number: (217) 557-8800
E-mail address is PPU@mail.idpa.state.il.us

The revised pages are dated March 2003. The affected items are designated by "=" signs to the left. This Provider Bulletin lists the pages to be removed and replaced.

INSTRUCTIONS FOR UPDATING HANDBOOK

M-204 Noncovered Services

Remove page November 2001 IDPA M-204 (1) and insert new page March 2003 IDPA M-204 (1)

M-210.6 Equipment Rental Limitations

Remove page November 2001 IDPA M-210 (4) and insert new page March 2003 IDPA M-210 (4)

M-212 Limitations and Considerations on Specific Items

Remove page December 2002 IDPA M-212 (3) and insert new page March 2003 IDPA M-212 (3)
Remove page December 2002 IDPA M-212 (4) and insert new page March 2003 IDPA M-212 (4)
Remove page November 2001 IDPA M-212 (9) and insert new page March 2003 IDPA M-212 (9)
Remove page November 2001 IDPA M-212 (10) and insert new page March 2003 IDPA M-212 (10)
Remove page November 2001 IDPA M-212 (11) and insert new page March 2003 IDPA M-212 (11)
Remove page November 2001 IDPA M-212 (12) and insert new page March 2003 IDPA M-212 (12)
Remove page November 2001 IDPA M-212 (13) and insert new page March 2003 IDPA M-212 (13)
Remove page November 2001 IDPA M-212 (14) and insert new page March 2003 IDPA M-212 (14)
Remove page November 2001 IDPA M-212 (15) and insert new page March 2003 IDPA M-212 (15)
Remove page November 2001 IDPA M-212 (16) and insert new page March 2003 IDPA M-212 (16)

M-204 SERVICES NOT COVERED

Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. Also see Handbook for Providers of Medical Services, Chapter 100 General Policies and Procedures, Topic 104 for a list of services and items for which payment will not be made.

Payment cannot be made by the Department to providers of medical equipment or supplies for the following:

- Items or services ordered by terminated or barred providers
- Items or services provided for the convenience of patients or their families for which medical necessity is not clearly established
- Items or services inappropriate for the patient's medical condition
- Items or services covered by another agency
- Items or services that require prior approval but for which Department approval has not been obtained
- Disposable items, when a permanent equivalent exists
- Prepackaged "kits" when components are available in bulk
- Stock orthopedic shoes, unless used in conjunction with a brace
- Medical equipment and supplies for residents of Long Term Care facilities except as provided in Topic M-270
- Prostheses inserted or implanted which do not increase physical capacity, overcome a handicap, restore a physiological function, or eliminate a functional disability
- Items or services for a patient in a state mental facility
- Items or services provided as part of a hospital inpatient stay
- Items or services provided as part of a hospital outpatient visit that is billed under the Department's Ambulatory Procedures Listing (APL) coverage
- Items or services fabricated, fitted or dispensed without an appropriate license
- Items or services for a patient receiving hospice care, except as provided in Topic M-210.9
- Any item or service when a less expensive item or service is available and appropriate to meet the patient's need
- Items or services which duplicate other items or services already approved by the Department for the same patient
- Items or services for a patient enrolled in a Managed Care Organization (MCO) such as an HMO

Routine medical supplies which are carried by Home Health Agency staff as they travel from home to home and which are available for use with any of their homebound patients are not separately reimbursable by the Department. Such supplies are considered included in the rate paid to the Home Health Agency. Medical items or supplies which are ordered by the physician for the Home Health

Agency for the continuous care and exclusive use of a single patient are covered items.

Note: Under its prospective payment system, Medicare considers certain medical items or supplies to be the responsibility of the Home Health Agency, even if they are for the exclusive use of a single patient. Such items are not to be separately billed to the Department.

M-210.3 TIME LIMITS

Written physician orders should reflect the expected duration of the need. Once the quantity specified by the ordering physician has been provided or the period of time on the order or the prior approval has elapsed, a new written order must be obtained. A new written order must be obtained no less than every 12 months, even for supplies needed for an ongoing chronic condition.

Prior approvals will specify the time period for which approval is being given.

In general, prior approvals for an ongoing need for medical supplies will be valid for 12 months or for the period specified in the physician's order, whichever is less.

In general, prior approvals for a medical equipment item or prosthesis will be valid for a period of six months from the approval date. If the item is not deliverable within that six month period, the supplying provider can request an extension.

M-210.4 REQUESTS FOR REPAIR

Covered equipment and prosthetic and orthotic items owned by the patient may be repaired without prior approval as long as the repair cost (per incident) does not exceed 75% of the Department's purchase price. Charges for repairs to items under warranty and repairs for which the cost will exceed 75% of the purchase price require prior approval. The frequency of repairs to certain items may be limited, with subsequent repairs requiring prior approval.

Repairs do not include modifications, technological improvements, or upgrades.

A guarantee of at least 180 days on the repair work must be provided.

Repeated requests for repair due to breakage may indicate abuse. Equipment abuse may be reported to or investigated by the Department. Verification of abuse of the equipment could result in denial of coverage for repairs.

M-210.5 REQUESTS FOR REPLACEMENT

Replacements of covered equipment and prosthetic and orthotic items are subject to all policies that apply to an original purchase of the same item. In addition, a replacement will not be reimbursed by the Department for an item that is under a warranty, if that warranty will cover the necessary repairs or replacement.

If the equipment item being replaced requires prior approval and if the item was purchased by the Department for the same patient within the past 12 months, the

documentation of medical necessity for the first purchase will be deemed adequate for the replacement purchase. The request for prior approval will, however, need to include an explanation of the need for a replacement (for example, the item was lost, or has been broken beyond repair).

Repeated requests for replacement due to breakage or loss may indicate abuse. Equipment abuse may be reported to or investigated by the Department. Verification of abuse could result in denial of a replacement.

M-210.6 EQUIPMENT RENTAL LIMITATIONS

= Total cumulative rental costs must not exceed the usual retail price of the medical equipment. When total cumulative rental costs meet the Department's maximum allowable purchase price, the Department considers the equipment paid for in full and the property of the patient.

= Some durable medical equipment is covered on a rental basis only. Rental items are noted by an "R" in the prior approval indicator on the fee schedule. Rental charges must be terminated after the patient's need for the equipment ceases.

= Rentals are considered to include all accessories and supplies needed to use the equipment.

M-210.7 LONG TERM CARE RESIDENTS SERVICE LIMITATIONS

Prior approval will not be given for residents of Long Term Care facilities for routine medical or personal care supplies or for items of equipment, when such items are considered to be the responsibility of the facility. Refer to Topic M-270 for a listing of supplies and equipment that will not normally be covered for residents of Long Term Care facilities.

For individuals with developmental disabilities residing in an Intermediate Care Facility for the Developmentally Disabled (ICF/MR), the Individual Program Plan (IPP) must support any request for non-routine items or supplies.

These limitations do not apply to residents of Supported Living (SLF) facilities. An SLF resident is considered to be residing in his or her own home for purposes of determining coverage for medical equipment and supplies.

M-210.8 HOSPITAL INPATIENT AND OUTPATIENT SERVICE LIMITATIONS

Prior approval will not be given or separate payment made for items dispensed during hospital inpatient or outpatient stays. Medical supplies and equipment, braces and prosthetic devices for use by an inpatient during hospitalization or dispensed in the hospital for continued use after hospital discharge must be

was using C-PAP, or evidence that the patient could not tolerate C-PAP,
- Evidence that the use of the BiPAP equipment by the patient did alleviate the threat to life as documented by a sleep monitoring test while the patient was using BiPAP, and
- A signed and dated physician's order for the device which includes a certification by the physician that the patient has shown the desire and ability to fully utilize the BiPAP device during sleep.

Appendix M-5 contains a facsimile of Form DPA 3701F, C-PAP/BiPAP Rental Request. This form provides a convenient format for supplying the required information, however, the Department does not require that the form itself be used if all the required medical information is supplied in another format. If the initial request fails to include all of the information described above, the Department will send a copy of Form DPA 3701F to the DME provider for completion by the attending physician. Consideration and processing of the request will be delayed pending receipt of the required information.

Initial approvals will be for a rental for a three-month trial period. Renewals after the trial period will require a new prior approval. A request for renewal should include a signed and dated statement from the physician that:
- The patient has been compliant with the use of the C-PAP/BiPAP and with the treatment plan and that the C-PAP/BiPAP continues to relieve the patient's apnea and anoxemia,
- Provides an updated plan of care, including the anticipated duration of medical need, and
- Provides an assessment of the possible appropriateness of surgical intervention.

Copies of all follow-up sleep studies done during the trial period should also be included.

M-212.22 Oxygen Supplies and Equipment

= Requests for oxygen and oxygen equipment must include measurements of arterial PO_2 or oximeter oxygen saturation. All testings must include date of the test and whether patient was receiving oxygen at the time of the test or on room air.

The physician's order must specify the O_2 liter flow rate required by the patient and the frequency of use.

If arterial PO_2 is above 55 mm Hg or arterial O_2 saturation is above 88%, or patient's pulse oximetry is 89% at rest on room air, a statement from the prescribing physician explaining the basis for medical necessity must be included with the request.

Oxygen for Long Term Care Residents

= Long Term Care (LTC) facilities have the option of billing the Department directly for oxygen for their residents, or obtaining oxygen from a DME provider, with the DME provider billing the Department. If a DME provider bills for oxygen concentrators for LTC residents, prior approval is required.

= Concentrators are not to be used unless the resident has an ongoing need for oxygen that requires a minimum of two liters of oxygen per minute for a minimum of 22 hours per day. The resident must have no more than an 88 percent oxygen saturation level on room air. No other method of oxygen administration (tank or liquid) is reimbursable for a resident during a month in which an oxygen concentrator is reimbursed by the Department for that same resident.

When an LTC facility obtains oxygen equipment and supplies from a DME provider, **both** providers must exercise care to ensure that the Department is not billed twice for the same service. The LTC facility is responsible for the cost of the first tank of oxygen used by a resident each month. The first tank is defined as:

- One “H” tank (6900 liters) or
- Two “E” tanks (623 liters) or
- 20 pounds of liquid oxygen.

The cost of this first tank for each resident each month may **not** be billed to the Department by the DME provider. The remaining tanks or refills may be billed to the Department by either the DME provider or the LTC facility, but not by both.

M-212.23 Apnea Monitors

Requests for prior approval for an apnea monitor must be accompanied by the attending physician’s evaluation of the patient’s condition, including diagnosis, evidence of apneic episodes and expected duration of the need for the monitor.

Apnea monitors are approved for rental only. The rental amount is to include all supplies needed for the use of the apnea monitor. These items include, but are not limited to, belts, electrodes, wires and ambu bag. Supply items for an apnea monitor may be approved only if the apnea monitor is owned by the patient.

For requests for extended rental periods or for renewal requests, the Department may require evaluation of monitor event recordings for evidence of apneic events and compliance in use of the monitor.

No payment will be allowed for pneumograms or separate respiratory event recordings provided in the home because most modern apnea monitors have the capacity to provide event recordings. These recordings can be evaluated for presence of true apneic events, as opposed to artifacts such as false alarms due to misplacement of sensors.

if this equipment is more costly than a wheelchair which meets the patient's medical needs. Requests for a second wheelchair or a backup wheelchair will be denied as not medically necessary if the patient's primary wheelchair is adequate to meet the medical need.

M-212.41 Purchase and Replacement

Requests for purchase of a basic, manual wheelchair must be accompanied by a signed physician's order for the wheelchair. The physician's order should include diagnosis, prognosis if applicable, duration of expected need, and pertinent medical and mobility limitations. The prior approval request must include the patient's measurements for the wheelchair, e.g., patient's hip width, height and weight.

Requests for the purchase of a power wheelchair require more documentation than requests for a manual wheelchair. A Questionnaire for Power Equipment Wheelchair (Form DPA 3701H) or a letter containing equivalent information must be completed, signed and dated by the ordering physician. The questionnaire or letter must be submitted with the supplying provider's request. Appendix M-6 contains a facsimile of Form DPA 3701H.

If a request for a power wheelchair is received without the necessary information, a letter will be sent to the provider requesting completion of the questionnaire by the ordering physician. Department consideration and processing will be delayed pending receipt of the completed questionnaire.

= The Department's payment for any wheelchair includes all labor charges involved in fitting or measuring of the patient, assembly, delivery, set-up, patient or caregiver education on care and operation of the wheelchair, and shipping fees and taxes. Billing may be done only after the wheelchair is delivered to the patient. The provider must keep in his or her records a copy of the delivery slip, which must include the brand name, model and serial number of the wheelchair and which must be signed and dated by the individual receiving the equipment.

Wheelchairs will not normally be replaced in less than six years. Circumstances which may justify a replacement earlier include:

- The wheelchair is stolen. An official police report must be submitted with the replacement request. The request for replacement must also include a statement that the theft was not covered by auto or homeowner's insurance.
- The wheelchair is damaged or destroyed in a motor vehicle accident. An official police report must be submitted with the replacement request. The request for replacement must also include a statement that the damage was not covered by auto or homeowner's insurance.
- The wheelchair has been damaged beyond repair in some other manner.

The request for replacement must include an itemized price breakdown showing the cost to repair the wheelchair. The equipment must not be thrown away prior to the Department's decision on replacement.

- The patient's condition has changed in a way that makes the wheelchair no longer adequate to meet his or her medical needs. Examples might include dramatic changes in the patient's weight, deterioration of the patient's medical condition or a growth spurt of a child. Documentation of these changes must accompany the request for replacement.

All policies and prior approval requirements that apply to the purchase of the original wheelchair also apply to replacements.

M-212.42 Rental

All wheelchair rentals require prior approval. Wheelchair rentals are normally approved only if the patient's need is temporary and recuperative or if the patient has a medical need for a wheelchair while awaiting delivery of a customized wheelchair that has been approved for purchase.

If the patient's need is temporary and recuperative, the request should document the medical need by supplying the same basic information as described in Topic M-212.41 for a purchase. In addition, the request should specify the length of time the wheelchair is expected to be needed.

Requests for the rental of a wheelchair for the patient to use while awaiting delivery of a customized wheelchair should be made in conjunction with the request for the customized wheelchair. Approval for such requests will normally be granted for no more than three months. Rentals will not be approved if the patient owns a functional wheelchair but is awaiting the delivery of an approved replacement wheelchair.

Rentals are considered to include all accessories except a semi-reclining or full-reclining back. Basic cushions are considered included in the rental.

Rental coverage of a semi-reclining or full-reclining back require specific documentation of medical need, including a physician's order. If a rental wheelchair is converted to a purchase, the inclusion of any non-standard accessories in the purchase price is subject to specific documentation of medical need, including a physician's order.

M-212.43 Repairs

Repairs do not require a physician's order. Refer to Topic M-210.4 for prior approval requirements that apply to repairs. Requests for prior approval of a repair must include the brand name, model and serial number of the wheelchair, purchase date if known and an itemized breakdown of the repairs being done.

Replacement of items that are separately billable, such as batteries, trays, etc., are not considered repairs. Quantity limitations and prior approval requirements for replacement items are the same as for an original purchase.

Modifications to a wheelchair are not considered repairs. All modifications require prior approval. Refer to Topic M-212.44 for further information on prior approval requests for modifications.

If a loaner wheelchair is needed while the patient's own wheelchair is being repaired, and it is the usual practice of the provider to supply loaner wheelchairs, the loaner item may be provided without prior approval. The Department will allow a single payment of up to one month's rental.

If the patient resides in a Long Term Care facility, the cost of repairs will be covered by the Department only if the patient personally owns the wheelchair.

If the patient resides in an ICF/MR facility, the Department shares responsibility for payment for wheelchair repairs with the Department of Human Services (DHS). In general, if a non-custom wheelchair was purchased by DHS (or its predecessor, the Department of Mental Health and Developmental Disabilities), DHS will be responsible for the cost of repair. Repairs to a custom wheelchair or a patient-owned wheelchair that was not purchased by DHS will generally be paid by the Department. However, all requests for prior approval and claims for reimbursement of repairs must be sent to the Department. If Department staff determine that DHS is responsible for the cost, the Department will refer those claims to DHS and will advise the provider that this has occurred.

M-212.44 Customization

Non-standard components, non-standard accessories and modifications to the base of a wheelchair or to its components or accessories may be approved if medical necessity is established. Depending on the patient's condition, the need for customization may be known at the time of the initial purchase or may arise later as the patient's condition changes. A need to add standard components or accessories to a wheelchair, or a need for an unusually large or small wheelchair are not considered customization.

Requests for customization must include:

- An itemized price breakdown of all needed components, accessories and modifications
- The manufacturer's product and price information, if applicable
- A physical or occupational therapy evaluation which clearly identifies the patient's physical limitations and abilities related to the wheelchair, medical history and current medical status
- Documentation of other, less expensive options that were considered and

why those options will not meet the patient's medical need

- A physician's certification of medical necessity. Medical necessity must be documented for each component, accessory or modification as it relates to the patient's medical needs.

Note: Simply describing the function of a component or accessory does not constitute adequate documentation of the patient's medical need.

This information is required in addition to the basic patient data, such as diagnosis, which is routinely required to establish medical necessity for the wheelchair.

M-212.45 Batteries

If a patient owns a power wheelchair, two batteries will be approved per year. Additional batteries require specific documentation of the unusual need. Wheelchair batteries are not considered repair items.

A wheelchair battery may be requested and approved by phone on an urgent basis if the battery is all the wheelchair needs to make it operational and if the battery can be supplied within 24 hours of the telephone call.

M-212.5 ENTERAL THERAPY

= Enteral therapy prior approval requests may be submitted by mail or fax only.

Requests for enteral therapy, supplies and equipment must include the following information:

- All enteral products the patient is taking. If there is a combination, both should be listed.
- Exactly what quantity the physician has ordered: how many cans or calories needed per day. General statements of the number delivered per month will not suffice.
- How the product is being administered to the patient (by mouth, N.G. tube or G-tube) and whether by pump or gravity.
- Length of need per physician's order and whether it is expected to be permanent. Indicate whether this is the patient's only form of nutrition or a supplement.
- = Patient's height and weight is required with each prior approval request.

Requests for NG tubes or G-tubes must include the frequency of change ordered by the physician.

M-212.6 INTRAVENOUS THERAPY

Requests for intravenous therapy supplies and equipment must be complete, specific and include the following information:

- All medications given must be listed by name, not category. List exactly how the drug is ordered, i.e., frequency of administration, begin and end date, and dosage for each medication. This information must be per physician order,not as projected by the vendor. The Department will not accept "Indefinite" on a physician's IV order.
- Route of administration. Indicate whether it is via CVP or peripheral line. Indicate whether it is Broviac, PICC, Infusaport, Groshong, subcutaneous, intramuscular, etc.
- Equipment used to infuse the medication should correlate with the route and drugs or TPN to be infused. Two pumps will be approved by exception only (for example, when TPN is administered continuously and a drug is being given intermittently). Where there are two drugs being given that are not compatible, one pump can be made sufficient by staggering dose times, flushing the IV line and making tubing changes.
- Supplies used to infuse medication should correlate with the drug and route of administration. For example, sterile gloves are not routinely needed for IV administration. CVP dressing kits for central lines contain one pair of sterile gloves. Dressing or IV site changes must be documented.
- If equipment or supplies are requested for line maintenance only, it is important to document what drugs were infused previously and when or why they may be resumed. For example, the line may be kept open as a precautionary measure when the patient is discharged from the hospital due to the possibility of a reaction or of organ rejection.

M-212.7 OTHER COMMONLY REQUESTED ITEMS

M-212.71 TENS Unit

Requests for a TENS unit must include specific information concerning the patient's medical condition and need.

For Department consideration, a Questionnaire for Tens Unit (Form DPA 3701E) or a letter containing equivalent information must be completed, signed and dated by the ordering physician. The questionnaire or letter must be submitted with the supplying provider's request. Appendix M-7 contains a facsimile of Form DPA 3701E.

If a request is received without a completed questionnaire or equivalent information, approval will be given for no more than a 30 day rental. This 30 day trial period will provide time for the ordering physician to complete the TENS Unit Questionnaire.

Approval for purchase of the TENS unit or rental beyond the initial 30 day period will not be made without a new prior approval request, a new physician's order and a completed questionnaire or equivalent information.

M-212.72 Home Uterine Monitoring

Home uterine monitoring requires prior approval. Prior approval may be obtained by telephone for patients meeting all of the following criteria:

- Hospitalization for preterm labor at 24-37 weeks gestation (gestation of less the 24 weeks will be individually considered and may require additional information),
- Cessation of labor accomplished by administration of a tocolytic drug, and
- Discharged to home on oral or subcutaneous maintenance tocolytic therapy.

Approval may be obtained by telephone for a data recorder (code W7616) for the purpose of monitoring pregnancy-induced hypertension in the last trimester. Approval will be limited to conditions which complicate the pregnancy such as pre-eclampsia, diabetes, etc. The claim for reimbursement should reflect the last service date of the month being billed. The number of days the patient had the equipment in her possession during that month should be listed in the units/quantity field. Only dates the items are actually used are to be billed to the Department. No payment is allowed while the patient is in the hospital or absent from her home even though the equipment is still in the home.

Approval of a parenteral infusion pump for the administration of the subcutaneous tocolytic drug may be obtained by telephone.

The physician's order and the hospital discharge summary are required for approval of a home uterine monitor, infusion pump or data recorder.

Approval of these items will be for no more than one month rental initially. Extension of this initial rental period requires documentation of ongoing medical need.

M-212.73 Specialty Mattresses

Specialty mattress rental may be allowed for the treatment of Stage III and Stage IV decubitus ulcers for patients living at home. The mattresses may range from low to moderately high technology. They may be self-adjusting, alternating pressure or low air loss types. Very high technology mattresses are reviewed on a case by case basis.

Approval will be given for three months rental with the documentation of need completed by the physician with each request. For Department consideration, a Speciality Decubitus Mattress Questionnaire (Form DPA 3701G) or a letter providing equivalent information must be completed, signed and dated by the ordering physician. The information from the ordering physician must be submitted with the supplying provider's prior approval request.

The same information must be updated and submitted with each request for a renewal of the rental. Requests for renewal must also include a description of the improvement, if any, that has been noted with the therapy.

Appendix M-8 contains a facsimile of Form DPA 3701G.

If a request is received without all the required information, a letter will be sent to the provider requesting completion of the questionnaire by the ordering physician. Department consideration and processing will be delayed pending receipt of the completed questionnaire.

M-212.74 Osteogenesis Bone Growth Stimulator

Rental of a non-invasive bone growth stimulator requires prior approval. Requests must include certification of medical necessity by an orthopedic surgeon.

For treatment of a fracture or other condition of the spine, the documentation of medical necessity must include:

- The date of fracture, if applicable,
- Documentation of failed spinal fusion longer than six months, or
- Documentation of a medical need (for example, a compromised immune system) for the device to prophylactically enhance bony healing of a patient undergoing spinal fusion.

The request must also indicate that the patient does not have an implanted cardiac pacemaker or other implanted device that may be negatively affected by the bone growth stimulator. In addition, the physician must agree to provide a follow-up report to the Department after treatment is completed, describing the treatment results.

For treatment of a fracture other than a fracture of the spine, the documentation of medical necessity must include:

- The date of the fracture,
- Evidence that there has been no healing activity over a period of at least three months, validated by x-rays, and
- A description of the fracture which indicates that the fragment separation is less than one cm or less than one-half the diameter of the bone

The request must also indicate that the patient has shown compliance with previous treatment and has agreed to this treatment.

M-212.8 NOT ELSEWHERE CLASSIFIED (NEC) OR MISCELLANEOUS ITEMS

Providers are encouraged to use specific procedure codes whenever possible. However, if the provider is unable to determine a suitable code for the item requested, the appropriate NEC or Miscellaneous Code may be used.

The provider must submit the following documentation for each NEC or Miscellaneous item requested: a copy of the manufacturer's product information or literature describing the requested item, manufacturer's pricing information, quantity, size and any other relevant specifications. Handwritten product and pricing information or the DME provider's own inventory price listing are not acceptable. A copy of the provider's invoice from the manufacturer is acceptable pricing documentation.

> The information supplied must be adequate for the Department to know exactly what is being requested, to determine whether the item meets the patient's medical need and for the Department to determine what price the Department will pay for the item.